

● PRINTER RUSH ●
(PTO ASSISTANCE)

3rd Request

Application : <u>098674169</u>	Examiner : <u>Nguyen</u>	GAU : <u>2154</u>
From : <u>J. Blach</u>	Location : <u>IDC</u> FMF FDC	Date : <u>12/21/05</u>
Tracking # : <u>epm098674169</u> Week Date : <u>5/2/05</u>		

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input checked="" type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: It the 2 provisional applications shown on the palm/bibsheet are to be printed per 37 CFR 1.78, please add them to the specification or delete them from the palm/bib data sheet.

Thank you!

[XRUSH] RESPONSE: Done

INITIALS: [Signature]



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Bib Data Sheet

CONFIRMATION NO. 8241

SERIAL NUMBER 09/867,469	FILING OR 371(c) DATE 05/31/2001 RULE	CLASS 709	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. A-7044
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APPLICANTS

Michael Linderman, Nepean, CANADA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

07/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 4	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

OBJECT ORIENTED COMMUNICATIONS SYSTEM OVER THE INTERNET

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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